



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

April 11, 2014

Public Health & Emergency Preparedness Bulletin: # 2014:114 Reporting for the week ending 04/05/14 (MMWR Week #114)

CURRENT HOMELAND SECURITY THREAT LEVELS

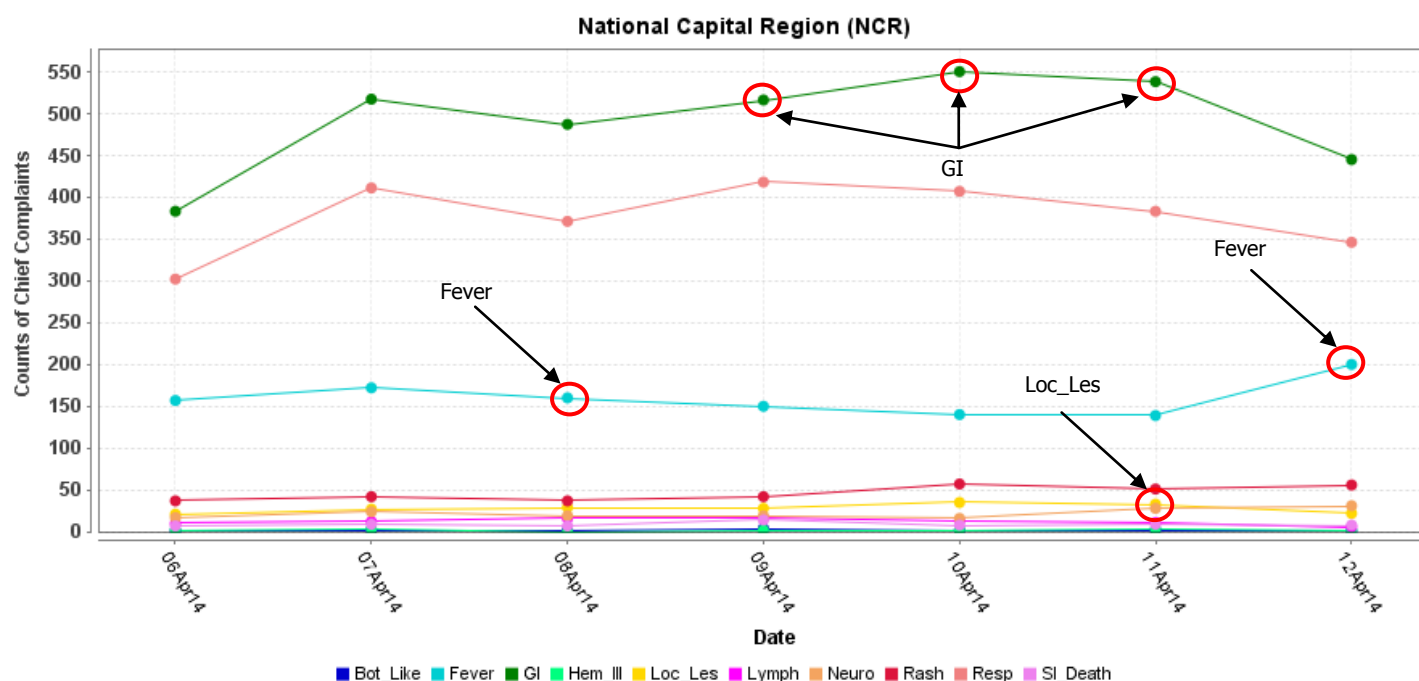
National: No Active Alerts
Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

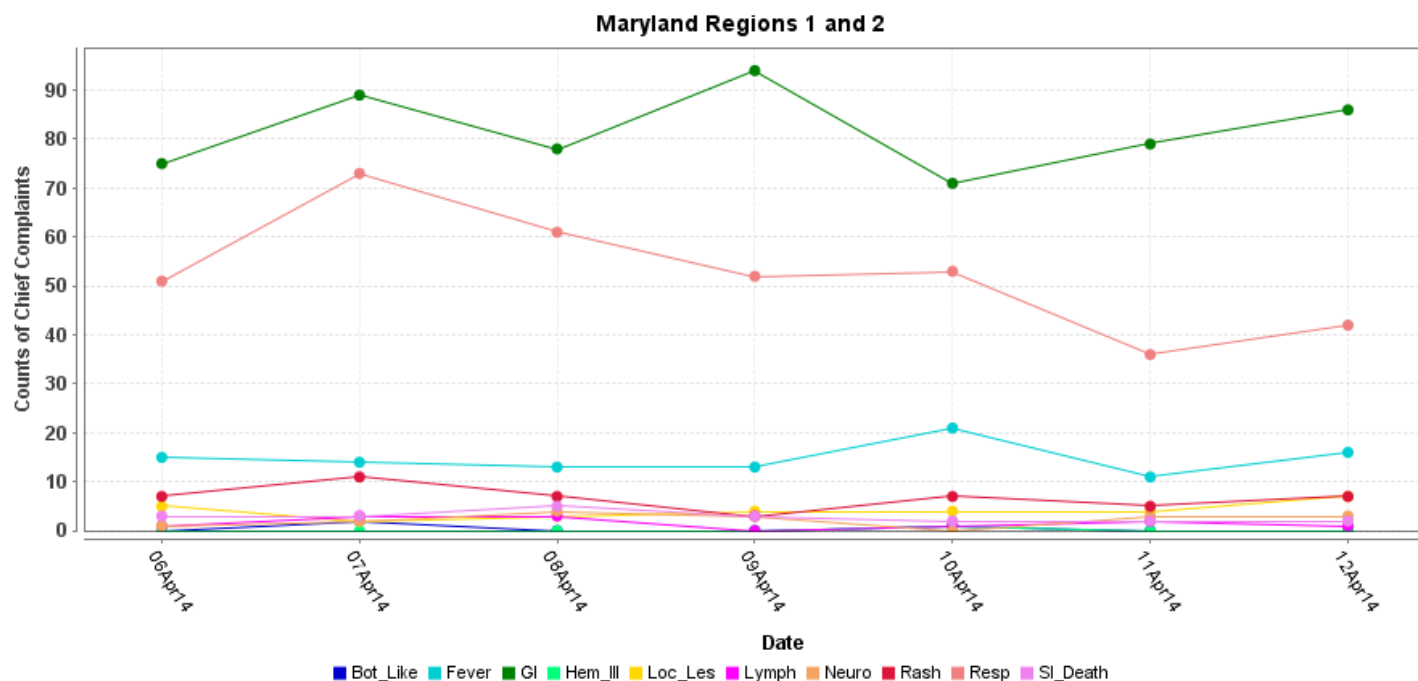
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

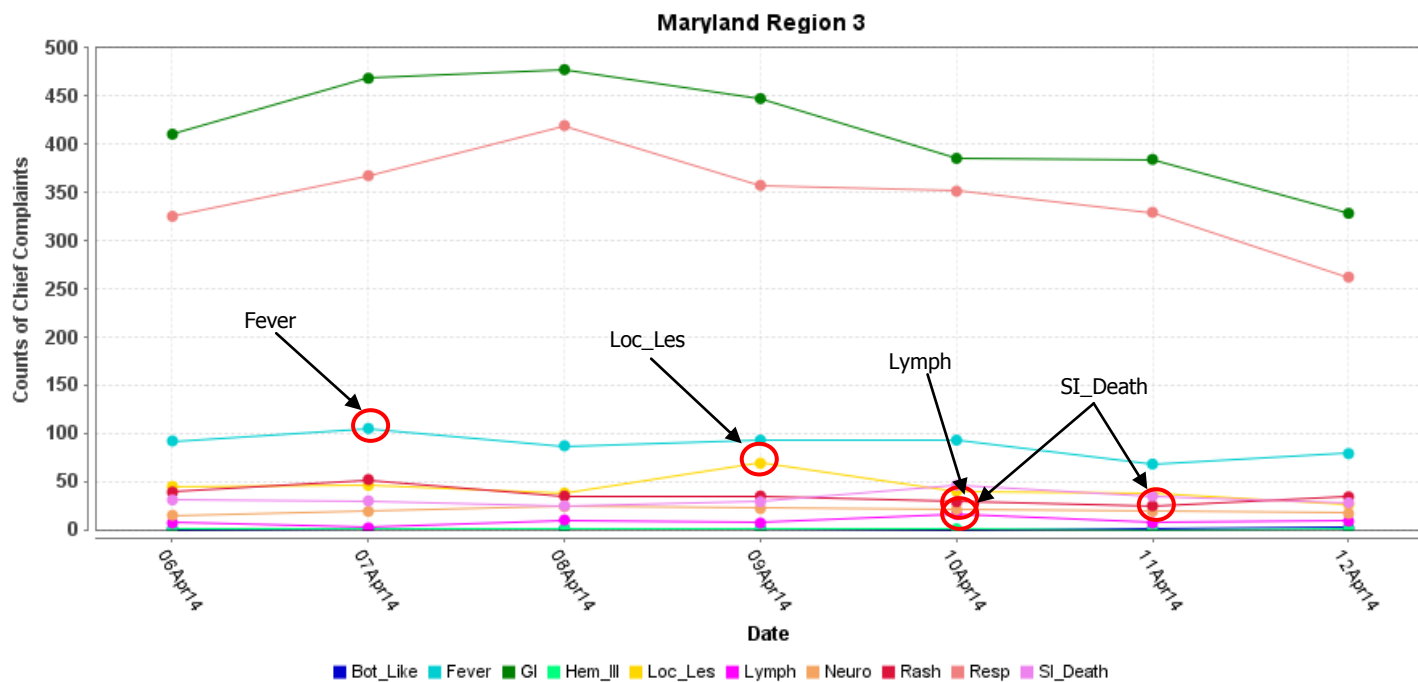


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

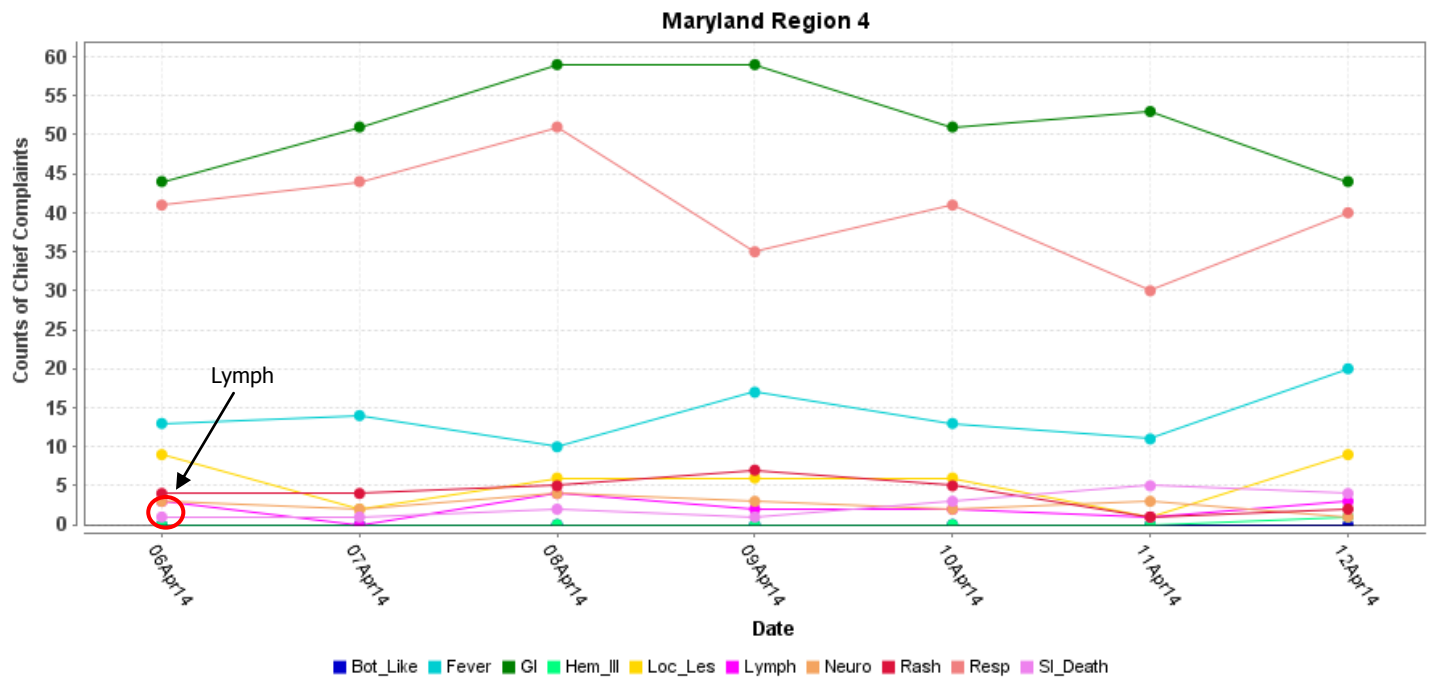
MARYLAND ESSENCE:



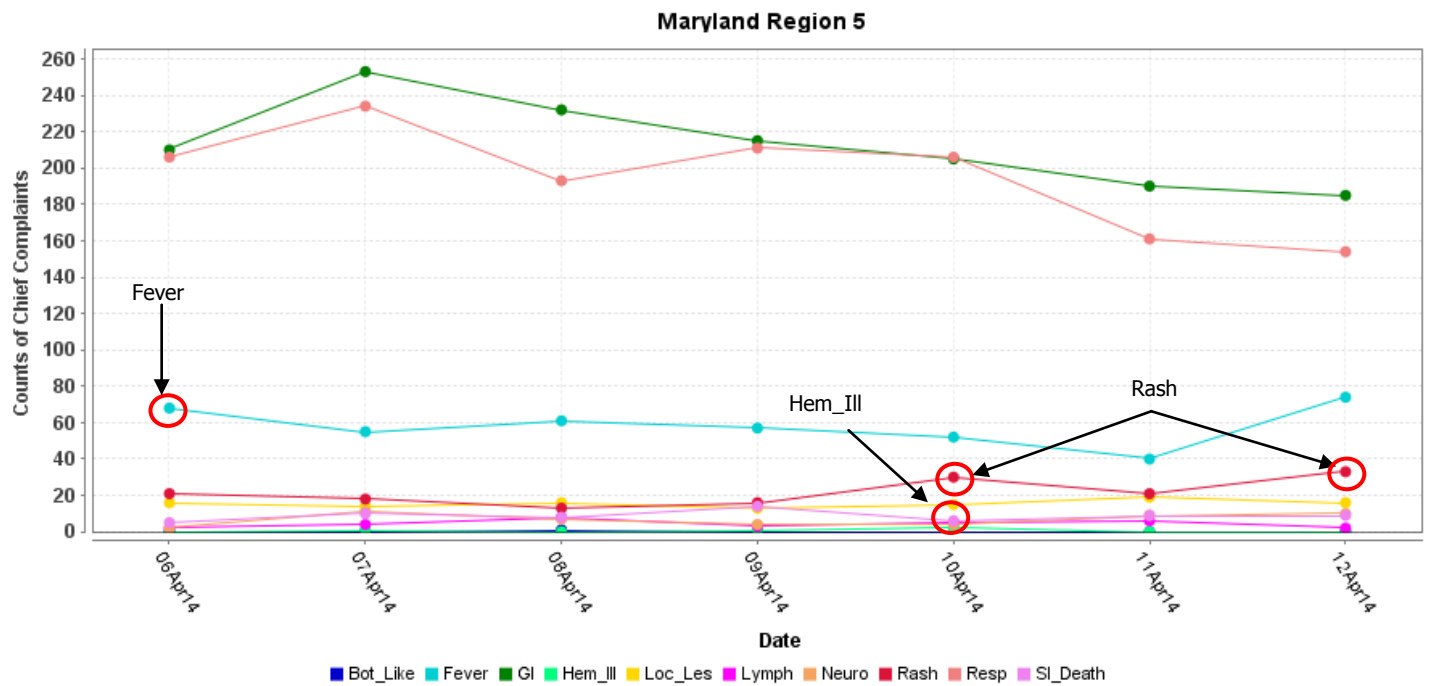
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

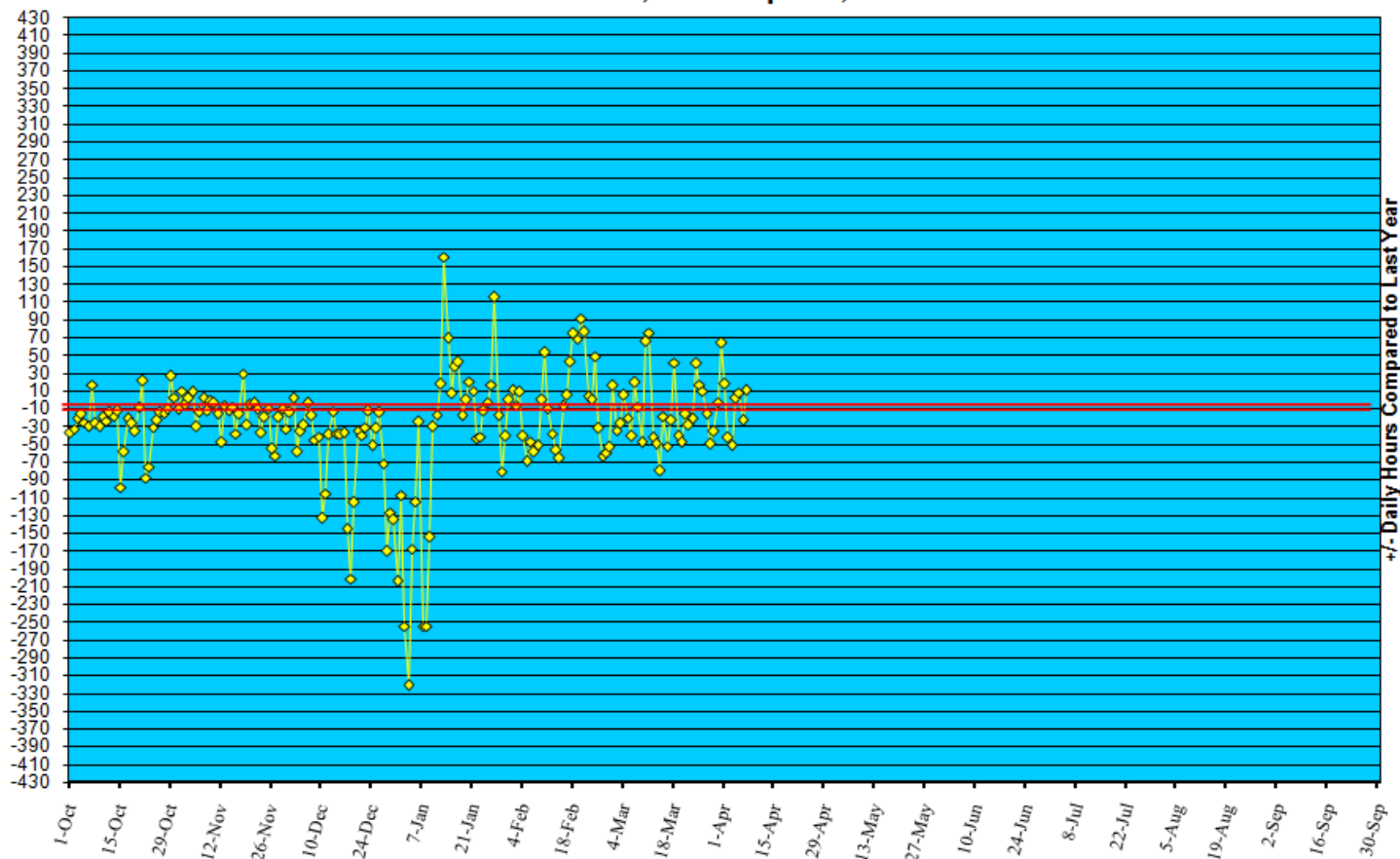


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '13 to April 5, '14



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2014 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (April 6 - April 12, 2014):	9	0
Prior week (March 30 - April 5, 2014):	7	0
Week#15, 2013 (April 7 - April 13, 2014):	5	0

5 outbreaks were reported to DHMH during MMWR Week 15 (April 6-12, 2014)

4 Gastroenteritis Outbreaks

3 outbreaks of GASTROENTERITIS in Nursing Homes
1 outbreak of GASTROENTERITIS associated with a Camp

1 Respiratory Illness Outbreak

1 outbreak of INFLUENZA in a Nursing Home

MARYLAND SEASONAL FLU STATUS

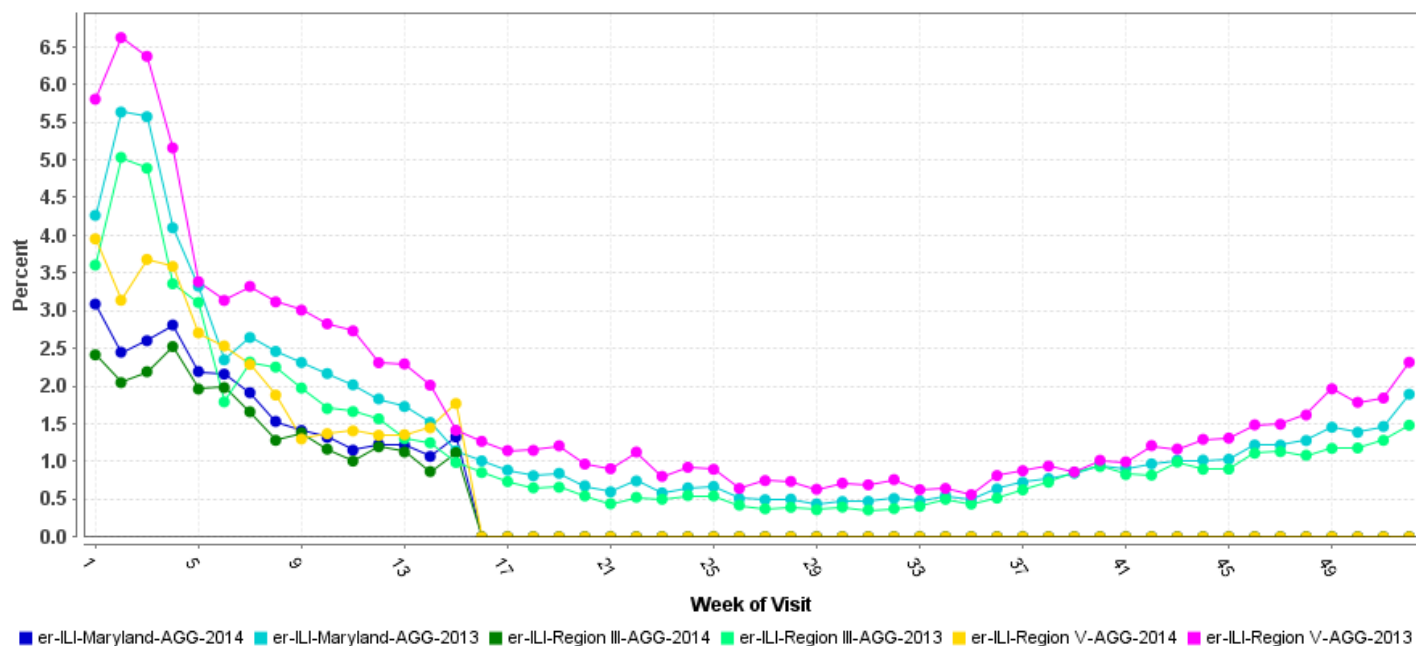
Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 15 was: Local with Minimal Intensity.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

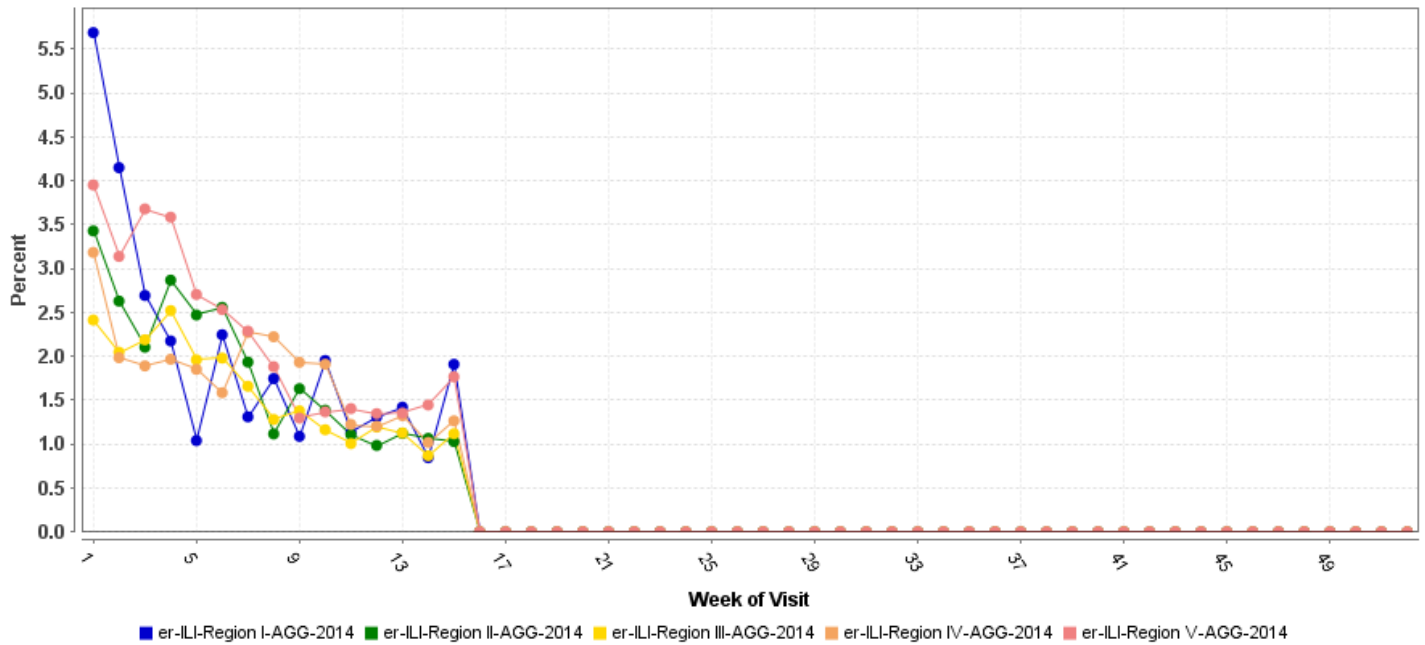
Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

Weekly Percentage of Visits for ILI



* Includes 2013 and 2014 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

Weekly Percentage of Visits for ILI

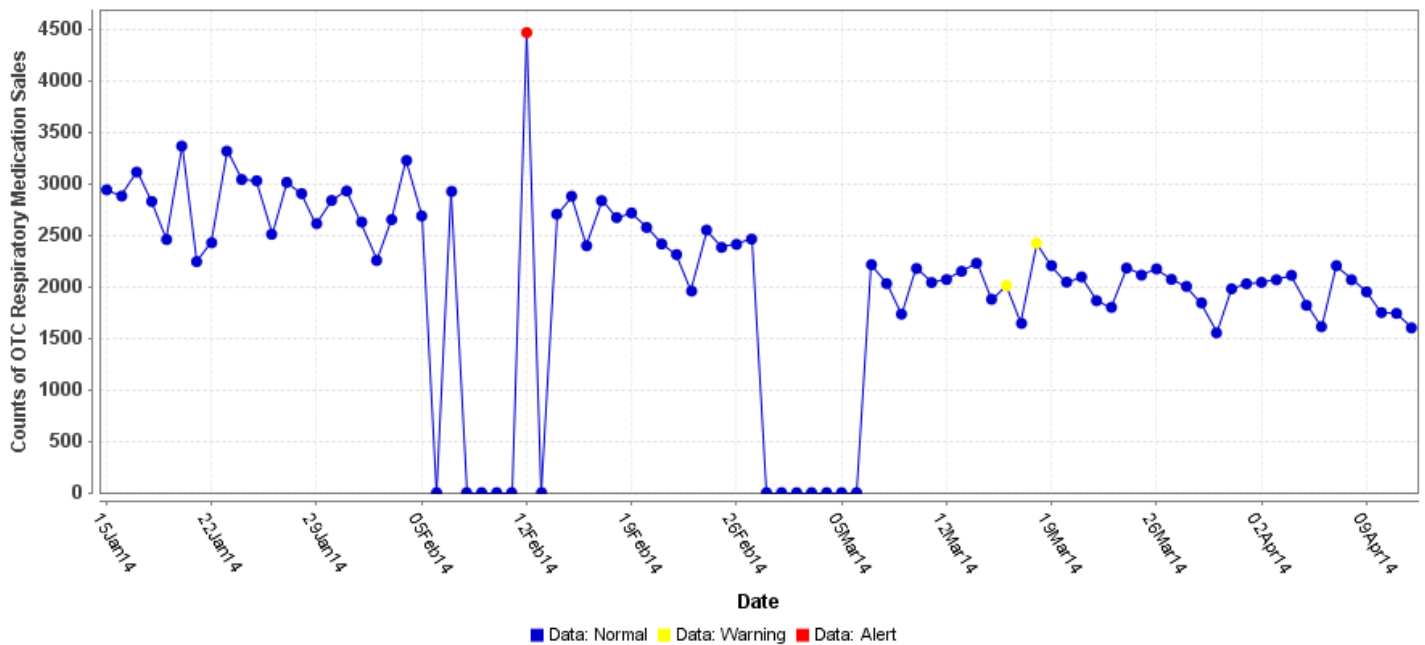


*Includes 2014 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.

OTC Respiratory Medication Sales



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 24, 2014, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 650, of which 386 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (H7N9): On [8 Apr 2014], the National Health and Family Planning Commission (NHFPC) of China notified WHO of 2 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus.

Details of the cases reported to WHO are as follows:

- a 73 year old man from Taizhou city, Jiangsu province. He became ill on 26 Mar [2014], was admitted to a hospital on 30 Mar [2014], and is currently in a critical condition.
- a 28 year old woman from Suzhou city, Jiangsu province. She became ill on 26 Mar [2014], was admitted to a hospital on 30 Mar [2014], and is currently in a critical condition.

AVIAN INFLUENZA (H5N1): A 86-year-old woman from the capital city of Damanhur in the Egyptian coastal governorate of Beheira is the latest human case of H5N1 avian influenza in the North African country, according to a EGYNews report Saturday (computer translated). The report notes that the elderly woman is hospitalized in intensive care and is currently in "poor condition". She also has the underlying condition of diabetes. She is being treated with Tamiflu. This human H5N1 avian flu case follows 2 confirmed cases 2 weeks ago (one case was from Damanhur also) (see prior ProMED-mail post Avian influenza, human (88): Egypt, H5N1, RFI [20140324.2353435](#) for details). Since 2006, Egypt has reported 175 (not including this current case) cases of human H5N1 bird flu with 63 deaths (Case fatality ratio - 36 percent). According to the WHO, the primary risk factor for human infection with the virus appears to be direct or indirect exposure to infected live or dead poultry or contaminated environments.

NATIONAL DISEASE REPORTS*

LISTERIOSIS (USA): 8 April 2014, An illness outbreak from a Wisconsin cheese maker that was linked to one death and a miscarriage likely was caused by substantial sanitation deficiencies in the cheese-making process, a new report from the Centers for Disease Control and Prevention (CDC) says. The listeriosis outbreak occurred last summer [2013] and was linked to contaminated soft cheeses from Crave Brothers Farmstead Cheese Co. of Waterloo. The death was in Minnesota, while illnesses from *Listeria monocytogenes* were reported in Minnesota, Illinois, Indiana, and Ohio, according to the US Food and Drug Administration (FDA), according to the Milwaukee Journal Sentinel. 3 Crave Brothers pasteurized soft cheeses were the subject of a nationwide recall as a result of the outbreak: Les Freres, Petit Frere, and Petit Frere with truffles. All 3 had previously captured national and international awards for Crave, one of Wisconsin's most well-known cheese makers. "Inspection of the cheese making facility revealed that substantial sanitation deficiencies during the cheese making process itself, after the milk was pasteurized, likely led to contamination," CDC's Morbidity and Mortality Weekly Report noted. Pasteurization, a process in which milk is heated to a high temperature to destroy pathogens, eliminates listeria in milk. But contamination can occur after pasteurization, according to government regulators. "Cheese-making facilities should use strict sanitation and microbiologic monitoring, regardless of whether they use pasteurized milk," the CDC report said. Details of the contamination were not in the report, and Crave Brothers declined to comment. The 5 people sickened told health department officials they had definitely or probably eaten 1 of 3 varieties of Crave soft-ripened cheese. 3 of the people had purchased the cheese at 3 different restaurants, and 2 had purchased it at 2 different grocery stores. The cheeses were shipped as intact wheels to the restaurants and stores, where they had been cut and served or cut and repackaged and sold to customers, according to the CDC report. Laboratory tests conducted by the Minnesota Department of Agriculture on samples of the cheeses from 2 retail stores indicated the presence of the outbreak strain [of] *Listeria monocytogenes*. Listeria infections are among the 3 most deadly foodborne bacteria after toxoplasmosis and salmonellosis. Crave Brothers issued voluntary product recalls 2 days after it halted production of the 3 cheeses. On [11 Jul 2013], the company voluntarily halted production of all cheese products made in the plant, the report noted. All 5 people sickened in the outbreak were hospitalized, including the pregnant woman who suffered a miscarriage. They ranged in age from 31 to 67 years old, according to the Food and Drug Administration. The company has not been fined, and checks of court records haven't revealed lawsuits. Cheese makers could face criminal charges for shipping contaminated cheese into the marketplace, according to Bill Marler, a Seattle attorney who specializes in food safety cases. "But it's very rare that the FDA does anything with respect to fines or sanctions whatsoever in these cases," he said. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)

BOTULISM (TEXAS): 8 April 2014, Lao Thai Nam Corp of Dallas, TX is recalling Number One Sompá Salted Fish, because it has the potential to be contaminated with *Clostridium botulinum*, a bacterium which can cause life-threatening illness or death. Consumers are warned not to use the product even if it does not look or smell spoiled. Botulism, a potentially fatal form of food poisoning, can cause the following symptoms: general weakness, dizziness, double vision and trouble with speaking or swallowing. Difficulty in breathing, weakness of other muscles, abdominal distension and constipation may also be common symptoms. People experiencing these problems should seek immediate medical attention. Number One Sompá Salted Fish was distributed in the state of Texas (Irving and Houston areas) through retail stores prior to 31 Mar 2014. Number One Sompá Salted Fish is contained in a clear, vacuum packaged pouch. The pouch contains red and black lettering with a fish logo on the left hand portion. The product is a 7-

ounce package containing a whole processed Tin Foil Barb fish, UPC: 8 8433200019 4. No illnesses have been reported to date. The potential for contamination was noted after a routine FDA inspection found that the process for the fish being manufactured was not correctly validated. (Botulism is listed in Category A on the CDC List of Critical Biological Agents)

INTERNATIONAL DISEASE REPORTS*

FOODBORNE ILLNESS (PHILIPPINES): 6 April 2014, At least 70 more residents of Senator Ninoy Aquino town in Sultan Kudarat [province] have been reportedly confined in a hospital after allegedly eating horse meat, officials said yesterday [5 Apr 2014]. The latest cases brought to more than 100 the total number of victims of food poisoning over the past 4 days, said Nestor Casador, chief of the province's agriculture office. Casador said Sultan Kudarat Gov. Suharto Mangudadatu has sent a team to investigate an alleged viral disease believed to be affecting the town's farm animals. Of the more than 100 victims, 4 have died, and a majority is still under observation at the provincial hospital in Isulan town. Earlier reports said the victims vomited and complained of stomach pain and diarrhea after eating horse meat in Barangay Tinalon on Wednesday [2 Apr 2014]. Municipal health officer Maricris Idio said more victims were rushed to the municipal hospital, but they have to transfer those in serious condition to the provincial hospital. Veterinarians expressed belief the horse's meat might have been infected with a viral disease that caused the food poisoning. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)

LISSA FEVER (NIGERIA): 9 April 2014, One person has been confirmed dead and 5 others are lying critically ill in 2 hospitals following the outbreak of Lassa fever in Plateau State. Confirming the outbreak and the death of one victim, the deputy director of epidemiology in the State Ministry of Health, Dr Raymond Juryit, said there are cases of suspected Lassa fever in the state and 4 of the infected people are being treated at the Bingham University Teaching Hospital (BUTH), Jos, while one other is hospitalised at a hospital in Jingri, Bassa local government area of the state. He also confirmed that one person died of the fever at BUTH. Juryit also said that the state government was taking necessary measures to prevent a spread of the outbreak and had already taken specimens for confirmation. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents)

FOODBORNE ILLNESS (MEXICO): 9 April 2014, The Sonora state's Department of Health reported the number of people with symptoms of foodborne illness from eating sushi increased to 26. All those affected reported having eaten the sushi products at the "Rodriguez" branch of the "Que Rollo Sushi" chain of restaurants. In 2013, the company was the cause of more than 200 illnesses and it covered the costs of almost all those affected. The latest update from the Secretariat of Health reported 11 intoxicated people, with 15 new cases in less than 24 hours. An active search for people affected has been in place since 2 Apr 2014, to determine the magnitude of the problem and take the necessary measures. As part of the investigation 26 cases have been detected in public and private hospitals. In its report, the health department noted that the patients sought medical assistance at hospital emergency services. Of the total cases, 5 required hospitalization; 3 of them have been released and 2 remain hospitalized but stable. The most frequent symptoms have been vomiting and diarrhea. The department reported that last [Wed 2 Apr 2014] the State Commission for the Protection against Sanitary Risks (Coepris) received a complaint from 2 people who contracted a gastrointestinal infection after eating sushi, which is why the department is working in the verification, sampling of food, and search for cases. "The results of laboratory tests will make an important contribution to determining whether this food establishment was responsible for the cases of poisoning and, if so, the appropriate legal measures will be applied," the commission stated. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)

EBOLA VIRUS (MOROCCO): 10 April 2014, Moroccan media outlets Goud.ma and Aljarida24.com prompted concerns over a probable outbreak of the West African ebolavirus in Morocco. As a matter of fact, the sources alleged that the Moroccan authorities may have sent some West Saharan natives directly from Airport Mohammed V in Casablanca to the Moulay Youssef hospital after suspecting their contamination with the virus. The Moroccan authorities denied this right away. Mr Abdelghani Drhimeur, Ministry of Health's spokesman, said that "no infection case with the ebolavirus has been detected, whether within Morocco or in any of its airports," as relayed by aufaitmaroc.ma. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents)

National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

Maryland's Resident Influenza Tracking System: <http://dhmd.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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CENTERS FOR DISEASE CONTROL AND PREVENTION**

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